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ORIGINAL COMMUNICATIONS.

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AFFECTIONS OF THE EYES, AND THEIR RELATION TO CONSTITUTIONAL DISEASE.*

BY F. CORNWALL, M. D., SAN FRANCISCO.

THE ophthalmoscope opened up a new era in medicine. It enables the physician to diagnose ocular affections with a certainty that cannot be done with other organs of the body. It permits him to view the intricate mechanism of the eye while its possessor is alive. The details of the fundus oculi may be observed with the ophthalmoscope under a magnifying power of sixteen diameters. Thus, the very delicate network of the retina, the minute capillaries of the retinal and choroidal vessels, and the pigment distribution of the choroid may be seen. In other organs of the body he is obliged to wait until after death to observe pathological phenomena, and then rather as a result than as a process. In the eye the slightest departure from the normal state may be discovered, and thus he is given the advantage of knowing the character of disease in its incipency.

In the days before the use of the ophthalmoscope there were but two conditions of the inner eye known, viz.: Amblyopia and amaurosis. The first was a condition in which the patient could see nothing and the doctor something—the second in which the patient could see nothing and the doctor

*Read at the State Eclectic Medical Society.

nothing. Under amblyopia were included opacities of the cornea and crystalline lens and such other affections as could be seen by the naked eye, while under amaurosis, affections of what are now known to be of the retina choroid or optic nerve.

The extra attention paid to ocular disease occasioned by the many developments in this department of medicine led, to a great extent, to its divorcement from general medicine. Oculists were educated for their specialty, and engaged in practice with little or no practical knowledge of affections of the organism. Diseases of the eye were too often treated with local means alone, the causes remaining undiscovered.

And now I come to the consideration of the subject of the title. What constitutional diseases, or those located in other parts of the organism, show their effects upon the eye? It is well known by all, the effect of albuminuria on the retina, producing inflammation of this membrane.

The ravages of syphilis show themselves early and late within the eye, thus furnishing us with an outline of the character of the pathological processes which occur in other parts of the body affected by this disease. Struma manifests itself in the eye by obstinate eruptive diseases of an herpetical character in the cornea and conjunctiva. Tuberculosis develops in the choroid, and in this way may be determined the true character of a phthisis—whether tuberculous, caseous, fibrinous, or bronchial.

Cerebral affections may be somewhat definitely localized and their character fairly determined, and the length of life and mode of death pretty closely approximated by subjective and objective observations on the eye.

Apoplexy, arising from atheromatous arterial walls, is usually preceded by hemorrhages within the retina. In this case the individual may be warned of his danger and his life greatly prolonged. I recently had a patient who was partially blinded by retinal hemorrhages. While defining to him how necessary it was that he should live a careful life in order that he avoid apoplexy, I mentioned the circumstance of having examined Mr. Bachus, of the California Minstrels, in New York, for a similar condition. He remarked, in a startled manner, that he was well acquainted with Bachus, and that he was dead. Of course I noticed my mistake; that I had overexcited my patient's apprehensions. The death of an individual suffering from hemor-

rhages in the retina may be safely foretold within a period of two or three years.

An anæmic state of the system will show itself in the ocular fundus, there being a lack of the normal color. It is supposed that any doctor should be able to tell when his patient is anæmic, but this is not always an easy matter. Simple pallor is not always indicative of anæmia, and the doctor frequently administers ferrum when the blood corpuscles are not deficient in this mineral.

Tabes dorsalis, or sclerosis of the posterior columns of the spinal cord, is another affection, the diagnosis of which may be early decided by the pathological changes which take place in the optic nerve. Just why atrophy of the optic nerves and tracts always occurs in cases of tabes dorsalis has not been determined. Other affections of the spinal cord are not accompanied with atrophy of the optic nerve, hence the value of this fact in establishing a diagnosis. Myosis, or narrowing of the pupil, is a marked characteristic in cases of atrophy the result of spinal sclerosis, while in atrophy the result of cerebral disease, mydriasis is always present.

Functional affections of the eyes are very frequent. A third of the cases presented to me for treatment or advice are reflex in their etiology, and the reproductive organs are to blame for the most of them. The effect of very slight refractive errors of the eye very much increases the tendency to suffer in this way. The woman who has uterine trouble is likely to have weak eyes, as is also the masturbating male. Muscular and accommodative asthenopia and hyperæsthesia of the retina are the names given to these affections. The uninformed might think that these functional affections were harmless, but in this they would be mistaken, as, when they are long continued, vision may be impaired for life. There is no part of the organism that can withstand the influence of prolonged irritation or congestion, even if the cause does reside in some remote locality.

NATURA DUCIT. "FOLLOW NATURE."

BY A. J. HOWE, M. D.

FROM my earliest recollections "Follow Nature" has been dinged in my ears. And, as a general rule, when any saying has survived for centuries, there is something valuable or truthful in it. I well remember of "watching" a fever

patient in the country one summer night, and of falling asleep in an easy chair. I had been told to give a teaspoonful of a certain medicine once in four hours, and allow the sick man a tablespoonful of water every hour. I was about twenty then, and a heavy sleeper. Why I did not sleep right through till daylight is a mystery, but I awoke about twelve o'clock, and to my startled amazement the patient had left his couch and departed. What could I do? Hunt the missing man, of course. I went out and along a porch, and there by the well-curb crouched my man, slaking his thirst and cooling inward fever with stupendous draughts from a freshly filled "old oaken bucket." I was paralyzed by the scene. The hollow-eyed, thin-fingered, gaunt figure looked more the ghost than like one having the quick of life in him. Who would think a man sick with typhoid fever for four weeks could get up and walk to the curb, and there lower a "sweep", fill a bucket at the bottom, raise the same, hand under hand, and then have strength enough to crouch and quaff the overflowing water. But my patient did it, and I had no trouble nor effort in walking him back to his bed. I asked him if he knew what he was about, and his reply was: "I followed nature; my instincts led me to water, and when I saw you were asleep I followed them. I shall get well now. I tell you these doctors kill more than they cure. They try to amend the ways of God, and their patients die." And in a strain of exaltation he quoted thus:—

"Go, from the creatures instruction take;
Learn from the birds what food the thickets yield;
Learn from the beasts the physic of the field;
Learn of the little nautilus to sail,
Spread the thin oar, and catch the driving gale."

* * * * *

"Become a physician and follow nature, 'natura ducit.'"

The strange state of things and that supulchral voice impressed me profoundly. The patient had been out of his head, but was now seemingly rational. After speaking the words quoted, the refreshed invalid fell asleep and slept till morning. But I kept awake. I was too thoroughly frightened to dream of sleeping. I did not offer the medicine. I was afraid it might prove too dilute in the presence of so much water, a gallon I judged by the deep draught I saw quaffed.

In the morning by "sun up," a sister of the sick man came in with an anxious face and said audibly, "The Lord be praised, my brother is asleep." She kindly asked how I

got along with him, and when I replied "fustrate," she thanked me, and promised to speak well of me as a watcher. Mentally I replied, "No, I thank ye."

"Did you give the medicine every four hours, and when does the next dose come?" "I did not give it when he was asleep; was that right?" "Entirely right, sleep was so much needed." I felt better then, and asked permission to be excused to go home. I was happy when I got away, for I had no disposition to explain and tell how the night passed. I only know that the patient improved from day to day and ultimately recovered.

I have endeavored to "follow nature" ever since, but have not always found her so reliable as on that occasion. The poetry recited to me is not entirely sound in its teachings. The nautilus does not rise to the surface and there spread its thin oar to "catch the driving gale," but stupidly and clumsily crawls at the bottom of the sea.

I do not insist that nausea is always an indication for an emetic, but it sometimes is. And a diarrhea depending upon an intestinal fermentation is usually cured by the employment of a cathartic.

The whims and caprices of the appetite cannot always be safely followed, yet I rarely advise a food the patient says he does not like. In this I am inclined to "follow nature." Besides, nature is generally thwarted and perverted with disease when we have to deal with her medically. A man with *mania a potu* craves alcoholic drink, yet it might not be safe to yield to the crazy man's desires. However, in some instances, an alcoholic stimulant is needed in the management of the delirium.

In general I take little stock in "wise saws," for they are deceptive. They are like oracles of old, to be interpreted according to a partisan soothsayer's fancies or inclinations.

Our Thomsonian friends are fond of declaring that they "follow nature," yet, of course, as they view her beckonings. It is a wise man who can always see where *natura ducit*. I confess to some degree of inability on many occasions. I can commonly tell which way the wind blows if the weathercock be not frozen or stuck with rust.

An ancient proverb of botanic medicine was that *minerals are in the ground* like graves, hence they should not be employed as medicines; and vegetables springing from the earth and growing were rationally the best for remedies.

The argument, shallow as it is, has captured many a gudgeon.

The Scriptural statement that "the leaves of the trees are for the healing of the nations" was probably given metaphorically, and not to establish a principle in medicine. It is easy to believe as one's mind inclines.

I have met intelligent homœopaths who firmly believe they are true followers of nature when they see a symptom which means *carbo. veg.* or *china*. They claim to observe a homœopathic relationship between a symptom and a drug, and to a certain extent they may be right. If *mercurius* has been proven to cure twitching of the upper right eyelid—proven beyond all cavil or question—the homœopathicity of the drug and symptom is plain. Nature has been followed into her *sanctum sanctorum*, and that is deep enough in the penetration of her secrets.

ENURESIS.

BY J. G. PIERCE, M. D., SANTA ROSA, CAL.

THE young practitioner is apt to overlook the importance of this affection. Important, not so much from its gravity, but from its comparative frequency and the great annoyance to the individual, if an adult, or to parents, if children are the subjects of it. Our success or failure to cultivate and retain patronage largely depends upon our facility and readiness to cure the minor ills with which they are afflicted. Having labored with many of the old-time remedies trying to relieve the incontinent and obtaining but negative or indifferent results, I will give my experience with those I have learned to rely upon with confidence. The form of incontinence most frequently met with is that with which many children are afflicted from two or three years of age and upwards. I have known it to continue up to sixteen or eighteen years. The difficulty with this class seems to depend upon atony of the muscular fibers controlling the neck of the bladder, and seemingly independent of general muscular vigor, many of them apparently not differing from other children in any other respect. From five to fifteen drops of tinct. cantharides repeated every five hours has rarely failed with me in effecting the desired result. If, after a reasonable continuance, I do not succeed, I expect to find existing partial paralysis of the nervous fibrilla distributed to the mucous membrane of the bladder, and if there

is no constitutional trouble requiring treatment I give in place of or alternately with cantharides:

R. Tinct. nux vomica, gtt. xxx
Water, $\bar{3}$ iv M.

A teaspoonful every five hours until I am satisfied of having effected nervous tonicity. In one instance the patient recovered while using nux as preparatory to the cantharidal treatment. Sometimes it is due to an irritable condition of the bladder. In that form I have succeeded by giving: Buchu leaves, $\bar{3}$ ss, infuse in one-half pint of water and add Potassa Act. $\bar{3}$ ii, giving one or two ounces every three hours until free diuresis is effected. Then follow with bromide of potash or tinct. gelseminum, either alone or in connection with belladonna, as symptoms may indicate, to influence the nervous centers. If persistent and does not yield I resort to irrigation if practicable, using

R. Hamamelis leaves, $\bar{3}$ ii
Hydrastis pulv., $\bar{3}$ ii

Infuse in one pint of water and inject sufficient quantity to moderately distend the bladder twice daily. The strength, of course, will be varied to suit the condition and requirements of the patient. If the child is five or six years old, and the above or any similar preparation is not well received at first, a few drops tinct. opii. may be added. Doctor Scudder recommends chlorate of potash with glycerine as an injection. Of this I cannot speak from experience, but can readily see that it may sometimes be indicated, especially when the urine causes burning or smarting while flowing, or immediately following, and emits a foul odor. Properly regulating the bowels is a measure of prime importance, for if neglected the best results will not always be attained by direct treatment. In fact, if there is a constitutional taint or irregularity, it should invariably receive the first attention. I was consulted last spring by a young man who had been treated about a year before for gonorrhoea. His treatment he said was by introducing a catheter as far as the neck of the bladder and injecting medicine and letting it gradually flow back as the catheter was withdrawn. His gonorrhoea was cured, but left with a gleet, partial paralysis of the vesical spincter and an irritable condition of the vesica urinaria. He had been treated unsuccessfully by several physicians for this condition before coming to me.

His general appearance was that of one having suffered long from malaria. He was habitually constipated. I commenced his treatment with

R. Podophylin, grs. iv
Quinine, grs. xxx
Ext. dandelion, q. s.

Made into thirty pills, and one given three times a day. Also irrigated the bladder with warm water followed immediately by infusion of hamamelis and hydrastis twice daily. At the end of ten days constipation was removed, irritation had subsided, and the gleet had almost disappeared, and his general condition greatly improved, but the urine continued to dribble if retained over one hour. I then gave him tinct. nux vomica, gtt. xxx, water ℥iv ; M. A teaspoonful every five hours, alternated with tinct. cantharides, gtt. xv, and in ten days more had the satisfaction of discharging him *cured*. There is a great dread upon the part of some of strangury resulting from the use of cantharides, but if given in a non-irritable condition, or if given in that condition in the minimum dose for any remedial action it may be supposed to have, there is no probability of strangury ever occurring. I have given rhus aromatica, but with one single instance of benefit seeming to follow. Other physicians tell me that they have given it with marked benefit in the larger number of cases. I may, perhaps, give it farther trial, but the above general line of procedure has served me well.

OUR DEER HUNT.

[SECOND PART.]

FIRST DAY IN CAMP.—As we arrived in camp after a good share of the day had passed, we all went actively to work. In the deserted cabin we stored away most of the provisions, so that if a rain should come upon us they would not be destroyed. We constructed a table of rough slabs, split out of redwood, and a fire-place, by driving the sharpened ends of two forked sticks into the ground, about four feet apart, the forked extremities pointing skyward. Across these diverging forked extremities we laid a pole. In these three cheap, yet substantial articles we had a complete fire-place, and, in the joyfulness of my heart, I could ask but for one thing else; that was a wire, on which we might hang our teapots and kettles. I manifested this want to Doctor

K. I shall never forget his look or words. His look was of pity, and his words "Young man, I fear you are ignorant of the camp-fire. Most any kind of a man can live in a city, but only a genius in the wilderness." With these kind words, he took an axe, cut off a diverging limb two or three inches away from the point of union, allowing one prong to be a foot and one half long, while the other was only two or three inches. He also cut a triangular piece out of the long extremity of the base of the triangle looking toward the small extremity. In this two hooks were made, one to hold on to the pole over the fire, and the other to hold any handled articles like a pot or tin pail. I paid close attention to the making of this article, and to the explanatory remarks, as a medical student would to a surgical operation with the accompanying explanations. Upon its completion, however, Doctor C. said he could do it just as well upon a first trial. Doctor K. swung his hammock between two redwoods; while so occupied an acorn fell from some height, striking him a blow on the back. The Doctor wanted to know who in Sacramento was throwing stones at him. Doctor C. and I made our bed. It was situated with its head to a large tree, and only a short distance from Doctor K.'s hammock. It consisted of branches of trees, covered with leaves, over which we placed two good blankets. Our coverings were three warm blankets. For pillows we used our overcoats.

The camp being now prepared for the night, we made preparations for our dinner. It consisted of bread, hard-tack, coffee, sugar, concentrated milk, and pure cold water. Doctor C. ate ravenously; Doctor K. did nothing else but eat. The learned discourse which they carried on, when they could conveniently talk, was upon digestion and assimilation. One suggested how inconvenient it would be to suffer from inanition, and the other (I believe, to the best of my recollection, Doctor C.) said that it would be indeed unfavorable if the digestive tract should fail to act, or in other words, if constipation should ensue.

After this savory repast, though the sun had long since disappeared from our cavernous retreat, it wanted two hours of dusk. Doctor C. took to the mountain south, and Doctor K. and myself to the north. We laid in ambush near a clear running stream, and there awaited the coming of the herd. We waited that afternoon in vain, and we returned to camp. Doctor Cornwall had returned; he was sitting on a log, some

height from the ground, yet his spirits appeared low. He was in a deep study, one shoe off, hair disheveled, and whiskers unsteady. His very hat took on a dejected air. I was in favor of approaching him, and giving him an encouraging slap over the spine, but Doctor K., being a good student of human nature, suggested that it would soon wear away, and so it did. It was like a storm after a deep calm. The Doctor said nothing about his being an expert rifle shot, a careful huntsman, or, in fact, an ordinary intelligent individual. He concluded he had qualities in the other extreme. He had seen his deer only a few feet away. He forgot he had a gun, and when he recollected he had, the deer was speeding away over the mountain. The Doctor, after he had turned himself into a salvation army, became reconciled, and the evening by the camp-fire was passed pleasantly.

We retired early to bed. Our chamber was spacious and well ventilated. It was canopied by the dense foliage of the tall redwood, and carpeted with soft leaves. What monarch could wish a grander apartment? Indeed, we were satisfied, though by no means could we readily sleep. Sometimes a dead branch would fall from a tree, and make a terrific noise; the river near by seemed to grow louder as the night advanced; a cat, or some wild animal, on the mountain, serenaded us at short intervals. Doctor C. hoped the ——— thing would choke. We fell asleep after a while, but were awakened by Doctor K., whose hammock rope at the head had slipped, allowing that extremity to near the ground. Doctor C. did not know where he was; could not understand the cause of the lights over his head (the stars shining through the branches). I told him that the lights he saw were caused by the extravasation of blood under the retina. This satisfied him, and he fell into a sweet sleep. We all soon became insensible to our surroundings, and did not return to consciousness until the mountain peaks were ablaze with the morning sun.

OUR SECOND DAY was more interesting than the first. We all started out independent of each other, with repeating rifles over our shoulders, and bowie-knives in our belts. I cannot impress our readers too forcibly that this locality was the most rugged part of the mountain range, and the unsophisticated huntsman is apt to make a gross mistake by traveling in a bee line, as though he were crossing a smooth meadow, for he will be constantly ascending and descending,

crawling up almost perpendicular cliffs, and sliding, falling, and bruising himself in making a descent. The old huntsman, in traveling around a mountain, or endeavoring to reach a special point, will follow a ridge toward the peak, and then make a small circuit to a point just above that which he endeavors to reach, then descend on another ridge. In fact, he only travels, in this way, a few miles, which, if he followed the base of the mountain, he would be compelled to travel many miles over the most uneven country. There, free to speak for myself, I made a grave mistake by crawling along the side of a cliff (some hundreds of feet high), striving to reach a certain point up the mountain, for as the cliff became more perpendicular, the footing grew more limited. Upon this giddy height I lost my footing, and fell. It was with the greatest effort that I saved myself from dyeing the stream below me with my gore. The remainder of the hunt this day was a repetition of my first experience, and, returning to camp about 2 P. M., with nerves unstrung, and a growing appetite, found Doctor K. in his hammock, and Doctor C. stretched out on his bed. I observed those worthies for a time. They had eaten their lunch, and were now, to all appearances, asleep, but they were not asleep. Doctor C. asked, Have you seen *it*? By *it* I could not imagine what he meant. Was *it* the cliff, the deep ravine, the hundreds of ferns, the high waterfall, or many other admirable features of these mountains? No; *it* was a deer hanging from a tree only a few feet away.

Doctor C. shot the deer, but how? His modesty on this point was quite marked; he would not heroize himself, therefore Doctor K. related with what composure the Doctor brought to its knees the first deer. Doctor C. was happy that afternoon. That self-satisfied smile was always present. He was indeed a thing of wonder to Doctor K. and myself, and we could see a great many noble features in the hero of the day that we never were able to observe before. He deigned, however, that afternoon, to inform me that the deer, when shot, turned a double somersault down the mountain.

Above our camp, about 300 yards, was a fall of water about forty feet high, and though the air was very warm, the water from the mountain was cold and sparkling.

Unincumbered by the hand of art, we, in our primitive condition, bathed in the river, and stood under the falls.

That afternoon, or as it was approaching evening, we

built up a huge fire, prepared tea, and cooked large quantities of venison. As well as filling a frying-pan, each one had a pointed stick, with which he held a choice piece of venison over the fire. We ate of this with a good relish. I doubt that Sancho Panza and Don Quixote, in their memorial feast upon mutton, gulped down a larger quantity than we did of the venison. Doctor K. reprimanded Doctor C. for swallowing such huge chunks; but, after a while, I was compelled to percuss Doctor K.'s spine to jar down an impaction. My two companions were unable to sit or stand, therefore they either leaned against a tree or lay horizontally on the ground. The venison had a delicious sweet flavor, and as we had had no meat for several days, the sweetness was considerably increased by our hunger. That evening we again retired to rest. The camp fire illuminated our little retreat, and both Doctors eulogized our free and healthful life. They talked about bears, both cinnamon and grizzly, upon theology, both aqueous and solid, and upon medicine, until they had raked over all of the pathies and isms. The one hundredth dilutionist suffered. In fact he was impaled and quartered. They finally annihilated all of the old school, and drifted off on Doctor C.; found a topic, the eye. During all this time a lynx (I think it was) made a terrific noise unlike that of the previous night, and when the Doctor said *Dacryocystoblennorrhoea* is —, the lynx on the mountain gave a terrific wail, and was heard no more. I noticed a convulsive motion in Doctor K.'s hammock, a low groan, and I think he became insensible. Doctor C., too, after a few preliminary contractions of the muscles, became like any rag, and experienced a strange feeling in the stomach, and fell asleep.

THIRD DAY.—The third day of a battle, a sea voyage, or after death, is a memorable one, yet the third day in camp was not accompanied by any remarkable features or striking incident, and the morning after, we satisfied our palates on hard tack, coffee, and cold meat, and again ascended the mountain, Doctor C. and myself together, that is in company, for we walked some two or three rods apart. We had not gone more than one-fourth of a mile before Doctor C. began to empty his Winchester. A knoll separated us and I did not know the cause, but surmised it to be a deer. It was a deer about two hundred yards up the mountain. I saw it making fair speed through the underbrush. I raised my

rifle and took aim, but alas, the cartridge would not go off. While I was yet out of sight of Doctor C., I heard him give vent to strange screams. I could discern by the cries and a few audible words that I was wanted there immediately. I made due speed, and saw a large deer disappearing over a ridge near by. Doctor C. was in a frenzy of excitement. He fairly tore up the ground, for no sooner had he finished firing at the deer up the mountain than a large buck rose up only a few feet from him and looked at him. The Doctor had emptied his rifle and had no more ammunition. The animal stared at him defiantly, and he at the animal, until he finally thought of me, whereupon he set up the most vociferous calling. I appeared upon the scene in time to see the buck's caudal extremity pointing toward the sky, for he was about to descend into a valley beyond. The Doctor explained that the buck had a tendency to show fight until he called for me.

We returned to camp, lunched, bathed, and conversed on various topics, until at last the hour of sleep approached.

We fell asleep that night very soon after retiring, and would probably have slept all night had we not been disturbed. Undoubtedly we had been asleep for two hours when I felt the rigid hand of Doctor C.; I awoke. Doctor C. was raised on one elbow; he pointed with his index finger beyond the camp fire, where we could discern the outlines of some animal stealing along toward our venison. The Doctor asked, "What in ——?" I said, "Hush!" He did not finish his sentence; I believe he was about to speak of our future home. Our venison was hanging high in a tree. The animal made a grab at it, which aroused the dogs. Doctor C. said, "Seek him, doggy! seek him!" The dogs pursued it some distance and returned. What was quite ludicrous to me was the fact that previously Doctor C. always called the canine addition to our camp simply dogs, but that night, with the advent of the strange visitor, he used the most honeyed appellations, such as "good doggy," etc., etc.

We had always left our guns in the cabin some fifteen yards from our beds, but before we again fell asleep Doctor C. arose from his hammock and got his rifle. He thought under the existing circumstances it would be better to have a weapon of defense near at hand.

We had not, again, more than got settled for sleep

when I could hear an animal walking slowly and softly toward our heads. The camp fire was now dying out, and only the outlines of the beast could be seen. I informed Doctor C. of our danger, whereupon we both took a hand and knee position and peered from behind the tree.

Doctor C. again became rigid, and whistled and called kindly for the *doggies*: Doctor C. felt for his rifle. Soon the stranger was within a few feet of us, and, greatly to our relief, it proved to be a dog.

Night is not a pleasant time to encounter a grizzly, and as there were a few in this locality, why, of course, any kind of an animal was sufficient to put us on our guard. The rest of the night we slept.

The fourth day was uneventful. I remained in camp, did some poor sketching, and made notes of the events of the preceding night. Dr. Keating also remained in camp, jerked a little venison, and took an easy position in his hammock. Doctor C. started out after breakfast, and did not return until about 2 P. M. He was very hungry. We had saved him some fried mush, and a few other eatables. However, learning that there was a can of cove oysters in the camp, he opened it and made a large kettle of soup. He was the hungriest man I ever saw. He asked us if we would like some of the oysters; as the request was not pressing, and as the Doctor looked as though he would like them all, we only acted as spectators in the scene. First the mush disappeared, then some venison, followed by deep draughts of coffee, and lastly the entire can of oysters. The Doctor suffered some pain in the abdomen, and white streaks surrounded his mouth. He took a jackknife position. There was a craning of neck and pressing of stomach. In short, the oysters did not like the Doctor's company.

THE FIFTH DAY IN CAMP was bright and pleasant. At 5.30 A. M. we breakfasted and started for the mountains. At 10 A. M. we were all in camp again. Doctor K. said he shot at one deer with buck shot. It raised the buck, as though full of shot he staggered away. Doctor C. reported that he had shot at two deer, both he believed received the charges, for they turned a *double somersault* down the mountain.

We took to the mountains again in the afternoon. Doctor C. and I followed some animal which made a low growl like a young bear. We, however, did not get a shot at it.

The principal feature of this day was, one of our compan-

ions fairly lost on the mountains. The word *lost* always carries to the mind an impression, and this impression is considerably magnified when the situation of the lost one is dangerous. One of the doctors of our camp (I am not permitted to make known his name) was belated some two miles from camp, well up towards the peak of one of the highest mountains. He waited for the deer to come down to the stream to drink. The woods were unusually bright until the sun disappeared, when it became rapidly dark. He soon considered it his duty to make due haste toward the camp, and, instead of walking around the peak until opposite the camp, he first descended toward the river with the intention of following its bed. This was quite difficult, and he took many a tumble before he could hear the waters below him. At last the river was reached; he was quite sure that the camp was toward the east, and as the banks were almost perpendicular, and very uneven, he concluded to wade the river a distance of a mile and one-half. Can any one imagine an unhappier situation than a man walking up the bed of a river, sometimes in shallow water, other times up to his armpits slipping from the stones, submerging himself from time to time, until at last, sore and exhausted, he seeks the mountain-side. Such was the experience of our friend. But to ascend the mountain from a river is not as easy as one would think. The Doctor climbed to the side of the cliff by cutting holes in its side for his hands and feet, and as he was about to draw himself up over the verge, he fell and would have slid into the river had it not been for a tree. When he at last gained a footing, he gave the lost signal (two shots in rapid succession). We in the camp answered him, and were thankful that he was yet alive. We thought he might have fallen from a height and been disabled, but as the sound of his rifle became nearer, we knew he had the power of locomotion. After some length of time he was within hailing distance. The sound of his voice was indeed melancholy. It almost brought tears to our eyes. One of our party went out to meet him as far as he dared, and when he returned he was carrying the lost one's rifle, and giving as much support to him as was required for his return to the camp fire.

The lost Doctor presented a remarkable appearance. He only wore breeches, a hat, shirt, and shoes. They were all torn, one eye was inflamed, one leg cut, and his torn clothes were wet. He had with him still his knife and gun.

Although there was saved a warm supper of meats, mush, tea, etc., he could eat but little. A sickly smile constantly overspread his face. That night he had a slight chill, but by the friendly assistance of the rest of the party, the next day he was greatly revived.

Probably the description of his raiment is sufficient to convey to the reader's mind that the lost Doctor had a most terrific time in the dark and uneven mountains.

A few days passed by. We hunted most all of the time, had more venison than we could take care of, so we sent some out to a settlement. One night an animal neared our camp and the doctors brought their rifles into use. It being dark, I think the animal was not injured. At last the day of break-up camp appeared. Our ten days' trip had passed away most pleasantly, our falls and bruises were all forgotten, and only the brightest side was foremost in our memory. Doctor K. eulogized our forest home; he said also he feared that we could not pass ten days in our city home so completely free from care as we had here. Doctor C. asked, "Why do not men leave their toil and trouble, and live in such a quiet and shady retreat? Here is health for the invalids and happiness for the miserable."

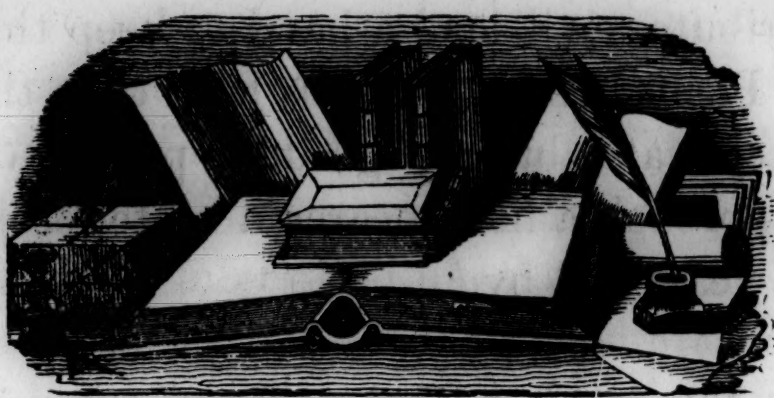
Our pack-horses were at last packed. We were all in the saddles, and making our retreat over the trail in Indian file; we climbed the mountain, and at its peak we could see the blue Pacific extending away toward the horizon. We could also see at our back the gulch in which we had spent so many pleasant hours.

I will not relate our experience in returning home. I fear I have already wearied the reader. I will only say that we have all enjoyed better health since our hunt.

THE NEW SURGEON-GENERAL U. S. ARMY.

AFTER an unusually long delay, the President has appointed as Surgeon-General U. S. Army, to fill the vacancy created by the death of General Crane, Dr. Robert Murray, the Senior Medical Officer of the Corps.—*Medical News*.

WE are indebted to Dr. L. T. Beam, of Johnstown, Pennsylvania, for valuable aid in extending our circulation.



EDITORIAL.

Announcement.—With the New Year begins something of a change in the management of the JOURNAL. Dr. Cornwall, justly jealous of his well-earned reputation as a specialist, conceiving that the time demanded by the cares connected with editorship detracted from the attention justly due his patrons, improves the opportunity afforded by the presence of the former assistant editor and resigns his position. This is indeed but a consummation of what was originally planned when the JOURNAL last changed hands, and which but waited for the permanent location of the present editor at the place of publication.

But Dr. Cornwall has become too valuable an ally to be given up. His experience as editor, his extensive knowledge of places and people, his years of general practice, his acute powers of observation, and his logical reasoning gifts, all befit him so well for journalistic work that we cannot afford to lose him, and we have insisted that he must still aid (by his pen at least) in carrying on the JOURNAL.

Yielding to our importunities he has consented to still contribute to our editorial columns and also to write something for our original communication department, probably each month, though he will hereafter be freed from the cares of proof-reading, mailing, and other onerous duties devolving upon the business manager.

It will seem, therefore, that the change is more apparent than real, more in form than in substance. The same writers will illuminate the editorial columns, and the same

corps of contributors will lend a hand to keep the fire burning upon the Pacific Coast. Let us hope then that we shall in nowise deteriorate, but by gradual process of evolution continually approach a little nearer a state of higher perfection as the years roll by.

Prospectus for 1884.—We hope in the coming year to make a better journal than has ever before been issued upon this coast. We believe we say this without egotism, for we intend to devote more time and energy to the undertaking than has ordinarily been allotted similar enterprises. Yet we are very sure we shall make some mistakes.

Our articles on "Faradism" will be continued, probably, throughout the year, and will be of practical value to every one of our readers who is not well up in electro-therapeutics. Short articles on therapeutic agents, and editorial comments on the leading topics of the medical day, will receive our attention in each issue.

Dr. Cornwall, who will contribute to the editorial columns over the initial letter C., will give special attention to the subject of the eye, ear, and throat, besides treating general subjects in his own way, and will also furnish for the original communication department of each issue a valuable article on "Diseases of the Throat," the same being a part of a forthcoming work to be published in the future. These articles alone will be well worth the price of the JOURNAL, for they will embody the results of an extensive and successful practice in that specialty, and contain a mint of information for the general practitioner.

Cell Growth.—All life depends upon cell growth. The most important agents in the activities which take place in the animal tissues are cells. They are indeed the seat of all nutrition and function. Not only is this true respecting normal life, but it is equally the case in many deviations from health.

Cell growth then is a subject which should engage the attention of the student early in the inception of a medical course, for though he may not need to study deeply into histogenesis or histology, the principles of medicine are so intimately connected with those of interstitial life that a knowledge of the general facts of this subject should be comprehended.

The human body may be regarded as a multitudinous community of cells acting in harmony, if health exist, yet performing a variety of complex functions, in which each acts its individual part, that action somewhat depending upon influences derived from its neighbors, and living a stated life of usefulness or injury as it be a normal or an abnormal element, having a birth period of growth, of degeneration, death, and decay, and this to be followed by a successor or successors, which in turn pass through stated periods of existence.

Beginning with the single cell, the germinal vesicle, endowed with formative force and supplied with nutrition by varying but ever perfect and ingenious methods, a process of multiplication and development is inaugurated by which the channels of the circulation are established, the foundations of the nerve centers laid, and all the tissues and organs built up until from the simple type a great variety of form and function are developed, and fibrous, muscular, osseous, serous, mucous, and other animal structures are differentiated and arranged in proper form to exhibit the phenomena of human life.

The proper life of cells constitutes health. Disease is a deviation from this proper life, which, though not always apparent in the beginning, soon becomes evident to the natural senses of the trained observer, first perhaps in imperfection of functional performance, and later, if continued, in organic lesion. A straight line drawn nearly parallel to another straight line, may not at first seem to deviate from the course of the other, but going onward indefinitely, it finally departs far from it, until an almost immeasurable space may

exist between them. And so we may say of slight deviations from normal cell life; some slight inconsistency in function or arrangement of these minute bodies, imperceptible in its incipency, may lead entire organs astray from normal life until the departure has become so great as to constitute complete interstitial change of structure, so that the changed part no longer bears any relation to its former self, except in position and exterior shape, and being virtually dead so far as its use in the economy is concerned. Evidently if this part then be one essential to the maintenance of life—a vital organ—the individual must perish as the sequence of a change, which in the outset might have appeared extremely insignificant.

It should not be forgotten that cells are invariably the offspring of progenitors or parent cells, and never originate spontaneously, and that, though by combination contiguous cells may exert an influence upon the functions of others, each one possesses a distinct individuality, being in and of itself capable of manifesting vital processes.

Cells vary in character. Formerly it was asserted that each one must consist of a cell wall or enveloping membrane, containing fluid contents, protoplasm, and a nucleus, and that without these elements no perfect cell could exist. However, this doctrine became modified in later times. Many embryonic cells possess no definite enveloping membrane, and the cells of various of the fluids of the body, as blood, pus, and mucus, are devoid of this. Max Schultz has called attention to the doctrine that the existence of a cell wall may be regarded as evidence that retrograde metamorphosis is taking place in the outer layers of the cell substance, that the envelope is an indication of the approaching death of the organism. After this it was demonstrated that protoplasmic masses devoid of nuclei exhibit evidences of vitality, establishing the identity of cells which consist simply of protoplasm. While, then, the nucleus is almost a constant factor, a little mass of protoplasm may constitute an individual cell if it possess vital characteristics,—functional properties.

Protoplasm then may be regarded as essential portions of cells, as the seat of function and growth, and it is noteworthy that it is remarkably adapted for ready transformation into other albuminoid or proteia substances. Protoplasm is in fact an exceedingly unstable albuminoid compound, readily changing into mucin, globulin, hæmoglobin, and other substances peculiar to particular parts of animal bodies. It also is readily associated with other substances which are taken up by it, as in the case of fat cells, which contain but a small proportion of protoplasm, while pigment, calcareous particles, pepsin, etc., are readily received by it.

Thus constituted for ready adaptation to the various tissues of the body and to the selection of the organic principles of the secreting glands, containing within themselves an inherent tendency to organization, endowed with the power of changing their form, of absorbing and transforming matter, of excretion, of undergoing more or less independent motion, and of reproduction, they are the prime factors in tissue creating and in the changes going on in the body to which many of the apparently more important organs are but auxiliaries.

Cells are exceedingly important agents in the changes taking place in disease. Their vital properties, their tendency to active reproduction, and their rapid transformation of matter, render them active factors in the promulgation of morbid action when diverted from their normal course. In inflammation, in the new formations, in hypertrophy, and many other pathological states, the part played by cells in the changes going on in the tissues is all-important. And of no less importance are the offices they fulfill in the administering to the repair of injuries and other diseased conditions amenable to recuperative changes.

The cell being the morphological element of the tissues, it is here, upon their protoplasm, that therapeutic agents, in all probability, act in exerting a curative influence. Just the manner in which this is manifested is a matter of question.

Knowing their readiness to take on changes, however, and realizing something of the delicacy of their organization, it would be but fair to suppose that the favorable influence, that calculated to encourage harmonious and healthful action, would be the one producing the least shock or jar to the weakened elements struggling for supremacy—those tending to encourage by kindly assisting exhausted nature. This we may expect from that size of dose capable of influencing tissue changes without producing unpleasantness.

The Power of Imagination.—The story of the criminal who was made the subject of an experiment to ascertain how far the power of imagination might go, is an old one, yet it will do for frequent reference. Being informed that to save the disgrace to his family, of public execution, he was to be bled to death privately, and that the operation would be painless, his eyes were bandaged, he was strapped upon a table, a vein of each extremity was gently pricked with a pin, and four fountains of water, one at each corner of the table, were contrived to flow into as many basins placed to receive them.

The influence upon the man was soon perceptible. His pulse became slow and weak. The conversation of the doctors in attendance, modulated to confirm this opinion, convinced him that he was slowly dying. "What a pity this man should be condemned to die? He would have lived a long time," said one. "Hush," said the other. Then approaching the first he asked him in a low voice, so as to be heard by the criminal, "How many pounds of blood are there in the human body?" "Twenty-four. You see that the man is now in a hopeless state." The physicians then receded by degrees and continued to lower their voices. The stillness which reigned in the apartment, broken only by the dripping fountains, the sound of which was gradually lessened, so affected the brain of the patient that, although a man of

strong constitution, he fainted and died without having lost a drop of blood.

A good joke is told of a Dublin professor whose hobby was ventilation, who, being put into a room at a hotel with another traveler, requested the latter, who retired later, to raise the window, as the air seemed too close. "I can't raise it," said the gentleman. "Then knock out a pane of glass," said the professor. This was done and the light extinguished, but still the professor could not sleep on account of the stifling air. Finally he arose in the dark and broke another pane, after which he slept well until morning. Upon arising he found that the second pane broken belonged in the front of a book-case standing in the room.

Carpenter relates how suspicions being entertained that a certain woman had destroyed her new-born infant, steps were taken to disinter the body that the truth might be ascertained and the guilty party punished. As the coffin was being exhumed, one of the gentlemen in attendance became so faint on account of the odor which he declared arose from it that he was obliged to retire. And yet, when it was opened, it was found empty, and it was afterward ascertained that no child had been born, and consequently no murder had been committed.

Another case as remarkable is related of a butcher who, while trying to hang up a heavy piece of meat, slipped and fell, the sharp hook penetrating his arm so that he, himself, was suspended. The physician found him pale, almost pulseless, and complaining of excruciating pain from the injury. The arm could not be moved without aggravating the suffering, and in cutting off the sleeve he frequently cried out with agony. But when the arm was exposed, it was actually found that the clothing only had been penetrated, and that the arm was uninjured.

The commonest observer can recall instances of oppression, nausea, and other unpleasantness in the region of the stomach when the mind is turned to that part for some time, and the

2

attention stimulated in that direction, or of tingling or itching if the thoughts be turned in the direction of bedbugs or fleas. Thus more than one futile flea-hunt has been indulged in.

Impressions thus made upon the body may be of little moment. Sometimes, however, they are of weighty portent and demand the attention of the physician. Who cannot recall, in his experience, cases where the patient has persisted in expressing belief that he would not recover, and has finally died, when apparently there was not sufficient disease to render the case a serious one, and indeed there would not have been except for the effect of the constant foreboding. Occasionally we hear reports of deaths where the patients in dreams have been forewarned and are enabled to fix, beforehand, the exact day and hour of demise, though sometimes they fail to depart at the appointed time. Still the impression made by such visions sometimes proves fatal.

Patients who are very susceptible, and almost all who are prostrated by severe disease may be considered so, should be kept as clear of unpleasant impressions and forebodings as possible. The physician should remember that in all rural districts, if not in many metropolitan centers, there exist busy-bodies—well-meaning persons often—who make it a practice to visit the sick and there prate of the darker side of the picture. Religious convictions sometimes prompt such acts, sometimes a babbling, aimless, thoughtless tongue. We know that credit has been injured for us more than once by such people, and an uncertain aspect put upon the face of affairs, before smiling, within a few minutes.

The credit of the physician, as well as the weal of his patients, demands due circumspection in the matter of visitors to his cases. It is not doubtful that a veto should always be placed upon the admission of all, except properly selected, judicious attendants, in critical cases. The friends of patients should know how pernicious the effect of the relation by visitors, of the fatal result of cases similar to that of the

ones before them, may be, if they be of sensitive and desponding natures. The public should know that nothing but the most cheerful and encouraging conversation should be indulged in at the bedside of the sick when there is any possible chance of recovery. Indeed, the intelligent part of every community knows this now. Those not knowing it are too ignorant to be granted admission to the sick chamber.

"Which."—The following is a part of an article in November's number of the *Eclectic Medical Journal* of Indianapolis, and appears under the caption of "Which," and written by C. D. R. Kirk, M. D., of Fern Springs, Miss. We have reproduced it *verbatim*. If the Hoosier can take this in without cramping him, we would consider him a fit subject for immortality. We would first blame Dr. Kirk for writing and spelling so badly, and next the compositor for knowing so little regarding the spelling of medical terms, but cannot excuse the editor (who is supposed to be the proof-reader) for such dastardly orthography. Words which occur outside of medical literature and are of every-day use are misspelled, such as apparatus with one p, and grouping "gruping." If our rising generation of doctors are to be edified by such literature, how perfect and bright they will be! We appeal to Brother Smith not to publish the remainder of the serial "Which."

"One of the first things for the doctor to do is to know, beyond any doubt, that his medicines are good, and this can best be known by making a great many of them with his own hands. For this, he need not go to any great expense. I have a tincture of geisimum that will cause its constitution effect from a dose of ten drops; my chirnauthus is as good as can be made; phytotaen viburnam, hydnestis, and others are all in strength that can be obtained, and all made with an aparatus that cost only twenty-five cents.

"With good remedies on hand we have only to know their indicatives, and we are ready to dismiss gruping in all its forms. But I have strayed from the intention of this hurriedly written article, but will return at once, which is a rem-

edy for a case of menorrhagia. We some times cure with hannanulis, but in other cases, I am satisfied that the wish hazel is a positive injury. Carbo veg, (Specific) will cure bad cases, uncombined with other remedies; it is very much like giving moon shines, but it is a very certain remedy.

"Experience has taught me that a case of hannamelis will not be relieved by Carbo veg., neither will one calling for the latter be cured by the former.

"The hannamelis is a curative in all cases presenting a full tongue, regardless of its coating and carbo veg., is very certain, if the tongue is contracted, long and pointed, generally deep flesh color. It is equally a potent in hemorrhage of the bowles or lungs if the tongue and muscular tissue generally, present a contracted appearance, but if the former condition fully relaxed, hamamulis is the remedy.

"Will continue "Which" in next number of Journal."

C.

The Opium Habit.—To one who has looked upon the cadaverous countenances of the denizens of the joints in Chinatown, the opium habit tells its own tale of horrors in unmistakable terms. The wretches who have become slaves to it are at once objects of pity and disgust.

But the vice of eating the deadly drug is the greater evil, for it is so much more general than smoking, is so susceptible of concealment in the beginning, and so insidious in fastening itself upon the victim that, ere his most intimate friends suspect the fact, it has become a confirmed habit. Usually he begins by taking it as a medicine, and when the real need of it as a pain reliever is passed, still imagines he requires it. He may insist that his physician shall still prescribe or deal it out. Thus he is drifting toward a terrible abyss—gradually yielding subjection to a tyrant from whose imperious commands there is no appeal.

There is hardly a drug store in city, town, or country but has its regular private customer or customers in the line of morphine or opium, and many of these are people of high social standing, who conceal their vice from the public with watchful care. But this concealment cannot last al-

ways, for hollow-eyed, death-like faces, leathery skins, impaired mental vigor, and nervous symptoms generally, sooner or later proclaim the habit louder than words.

We know a physician who at one time did an extensive practice, and who even now is considered one of the leading medical men of a second-class city, who will sit down by the bedside of a patient and while feeling the pulse doze off into an opium stupor and remain thus for a few seconds perhaps, then rouse up with a start and again turn his attention to the patient, thus befuddled going about what ought to occupy only the clearest head. Such actions create remark and lose him patrons by the score, and soon his once splendid practice will dwindle away unless he shake off the shackles which bind him—a task of herculean proportions.

The alcohol habit has been made the subject of much indignation by many people, the churches especially taking an active part as organizations in striving to check its advances; but many individuals who have been loud in their denunciations are doubtless devotees of a habit of worse character—indeed we are mistaken if the opium habit is not as common among clergymen as among any other class of people.

We believe the Quakers, or Friends, have been the first and only religious denomination which has ever formally noticed and condemned this habit. At the yearly meeting of the New England society of Friends, held at Providence not long ago, a report was received from a committee appointed to investigate the subject, and, as a first step toward a reformation in this matter, they published its report in pamphlet form for general distribution.

This contains statistics which show a rapid increase in the amount of the drug imported, either as morphia or opium, from year to year, and that increase out of all proportion to the amount of increase in population. Indeed, it is estimated that but a small fractional part of the amount consumed goes for medicinal purposes. It calculates that the number of opium eaters in the United States approximates

400,000, a calculation which, in all probability, considering the facilities for reaching the facts in the case, is almost entirely guess-work. Still, as it appears that more than 5,000,000 grains are consumed annually outside the amount required by the medical profession, it does not seem probable that the number of habituates has been overestimated.

Upon the shoulders of the physician many times, nay, in the majority of cases, falls the blame for this practice. Almost invariably the appetite grows out of the habit of taking it as a medicine through medical advice. The physician who habitually prescribes opium for the relief of pain is highly censurable. True, our ignorance renders it imperative that we shall occasionally employ it to save credit and satisfy urgent demands; but he who brings it into requisition for every case of painful disease is reckless as to the future weal of his patients, or else he is ignorant or lazy. There is no science in thus relieving pain. Any old woman knows as much and could do as well. As for its use where rest is an essential point, as in irritable stages of the respiratory organs or insomnia, the energetic, industrious, and progressive physician will rarely need it, for there exist many remedies which in such cases exert a curative influence by promoting instead of paralyzing physiological processes.

Unrequited Favors.—The publishing house of Henry C. Lea's Son & Co. has reaped a considerable income, in past time, from what it might be pleased to term the "irregular" portion of the medical profession, and yet it continually lends its aid in support of efforts to smother out all but the old foggy portion of what it chooses to consider the regular profession.

Medical journals issued by this house are outspoken in their opposition to all innovations upon the old code, and "irregulars" are referred to only in sneering terms. In short we take it that this house prominently champions the cause of exclusivism and one-sided legislation.

In this connection there is one pleasing fact to which reference may be made. There are publishing houses in this country a little more modern in their views. At least they do not go out of their way to throw dirt at new school physicians.

Taking into consideration the fact that the money of an eclectic homeopath or physio-medicalist is as good as that of "Calamy and Jalap," it would seem that they either are careless as to the patronage of all but their chosen favorites or else consider others a set of truckling fools.

It has come to pass that new school medicine can have a being, live, prosper, grow fat, and command a patronage without the aid of Lea & Co.'s publications. Why should it not be so?

Meddlesome Druggists.—Druggists do not always attend to their legitimate duties, and one in overstepping the bounds of his calling sometimes puts his foot into a bad box.

Our readers are doubtless all cognizant of instances where, in order to realize a margin, druggists have induced people to allow them to prescribe either from some recipe or else some patent nostrum instead of directing them to a physician.

If no harm follow such doings, they are at least acts of injustice to the medical profession, and in many cases criminal violations of law, and they are liable to finally lead the druggist into trouble.

The following from the *New York Medical Journal* is an illustration:—

An apothecary named Leman, doing business at No. 2038, Second Avenue, is under arrest, charged with having caused the death of a Mr. Vollmer by opium poisoning. It is alleged that Mrs. Vollmer went to Leman's shop and asked to be directed to "some good German physician," whereupon Leman persuaded her to let him prescribe for her husband. The next day Vollmer died, and two physicians decided that the death was from poisoning with opium. It is understood that Leman does not deny the charge that he prescribed for

the man, but maintains that his prescription was harmless. One of the physicians in attendance is reported to have said, however, that this was not the first case he had known of in which Leman's prescribing had been followed by fatal results.

Kali Bichrom. in Laryngeal Affections.—Several remedies manifest a pronounced affinity for the larynx, and afford efficient aid in relieving various morbid conditions of that organ. For example, in the irritable larynx where cough is excited by pressure upon the *pomum Adami*, or by slight changes of temperature, etc., lachesis often cures speedily. For aphonia, with great relaxation of the mucous membrane, causticum may be expected to render efficient service. In ulceration of the larynx of long standing, with hoarseness, arum may be employed, but in that form of hoarseness so often following colds, the result of subacute inflammation of the part, the bichromate of potassium is the best remedy.

The cases where this is best adapted are not long standing, but may have existed for several weeks, and they are attended with but little expectoration. There is not much cough but a persistent hoarseness following a cold. This may not be decidedly benefited by the drug until the primary irritation has passed off, but it may be expected to do good service within the first week of the appearance of the symptoms. The second decimal trituration in one or two grain doses every three hours may be used. For directions for preparing triturations see the February, 1883, number.

Report of a Surgical Operation in Professor Crowley's Clinic.—Mr. O. presented himself to the Surgical Clinic of California Medical College, and on the 15th of December, 1883, was operated on by Doctor Crowley, assisted by Doctors Gere and Cornwall, before the class. The case was one of lymphadenoma, situated in the right axilla. The tumor was as large as a coffee cup and kept the arm at an angle from the body. All of the glands in the axilla were in-

volved, and the pectoral muscles were hypertrophied by cellular infiltration. The tumor presented a somewhat irregular shape and was deep or dark red in color, there being great venous congestion of the integument and sub-cutaneous cellular tissue. There had been a suspicious discharge from small fistulæ. The patient was nearly seventy years of age and very slightly emaciated.

The line of incision was made from a point in front, backwards and downwards down to the pectoral muscle and the axillary vessels. The diseased glandular mass was scraped out with the fingers and the scalpel handle. Portions of it were in the muscular and vascular interspaces, and some care had to be exercised to prevent injuring large arteries. The long thoracic artery was severed but ligated. The hemorrhage was not great. The anæsthetic given was chloroform, which worked admirably from first to last. A small draught of whisky was given previous to commencing the administration of the chloroform. When he became perfectly anæsthetized he remained so during the whole operation without any farther administration of the drug, and soon after the completion of the operation rallied to perfect consciousness and partook of nourishment almost as though nothing had happened. C.

Pay Up.—We hope that a gentle reminder in the way of a dun will be all-sufficient. We prefer not to send out separate duns this year if we can avoid it. Quite a number have not paid for Vol. 4 and they can make us happy by doing so at once. Subscribers for Vol. 5 will be promptly credited if they forward their subscriptions in advance. We would not have you forget that it is "money makes the mare go." Address all postal orders, and this is the safest way to send, to H. T. Webster, M. D., editor CALIFORNIA MEDICAL JOURNAL, Oakland, California. Where it is not convenient to send postal orders, postage-stamps will be accepted.

Corrosive Sublimate in Gonorrhœa.—Dr. Joseph McChesney, of Deming, New Mexico, contributes to the *Therapeutic Gazette* for December a report of a series of seven cases of gonorrhœa in which he employed, by way of treatment, only a solution of corrosive sublimate, one grain to six ounces of water. The results are already very surprising. In several of these cases this injection was resorted to after a long and unsuccessful course with the ordinary remedies in such cases, and the result was uniform success. He resorts to these injections, which he gives once every four hours, after the subsidence of the acute stage. He is very confident that properly applied this solution will effect a cure of the gonorrhœa within from eight to ten days after it has been resorted to.

Notice to Physicians of the Pacific Coast.—We are going to establish a column of small cards in the JOURNAL, for which we will charge the small sum of \$1.00 per annum. It is convenient for our physicians to know each others' whereabouts, and this will afford a means. To those who may wish it, a full-sized card, with specialty, will be inserted for \$5.00.

The coming year we want to make a great improvement in the JOURNAL, and such little favors will lend their share of assistance. Any one who wishes the small card may simply notify us, and, when remitting for JOURNAL, can inclose extra amount.

The Salts of Nickel.—The sulphate and bromide of nickel have recently gained some notoriety as therapeutic agents. The sulphate is lauded in obstinate neuralgias, pericranial pains, and nervous headaches, and in obstinate diarrhea. The bromide is recommended as being more efficacious in epilepsy than the bromides of potassium or ammonium, and it is said to produce its effects in smaller doses. Therapeutical sensationalism, however, has become so com-

mon that too much credence should not be placed upon these claims until they have been verified by clinical experience. Try, and report.

THIS issue of the JOURNAL will reach a number of new readers. We hope they will be favorably impressed by its tone, and favor us with a trial subscription. We will send it six months for \$1.00. We intend to enlarge it during the coming year. One of its faults is that its space is too limited. This fault we intend to correct at an early day.

ONE of our exchanges contains an article under the title "Rupture of the Perinacum," and says: "This is an accident, when severe, of very distressing nature attendant upon labor." It may be distressing, but not half so much so as the awful murder of the types. We would suggest a rupture with the proof-reader.

Synopsis of the Annual Meeting of the Eclectic Medical Society of California. The Convention was deeply interesting from first to last, although the attendance was not as great as it should have been. The President's address (Dr. McLean) embodied suggestions regarding the future management of our society, and the connection that should exist between it and the California Medical College, recommending that a committee be appointed by the society to be present at the examination of graduates.

The customary number of papers were read, and the committees appointed to report upon the action of drugs furnished material for thought and discussion.

The following physicians were elected fellows of the society: Dr. W. C. Harding, of Suisun, Cal; Dr. W. O. Wilcox, of Healdsburg, Cal.; Dr. W. S. Clark, of San Francisco; Dr. J. L. Berry, of San Jose; Dr. Enox J. Martin, of San Jose, and Dr. Geo. M. Stout, of Ukiah, Cal.

The following-named doctors were unanimously elected officers for the ensuing year:—

President, Dr. Geo. W. Stout; First Vice-President, Dr. J. P. Schmitz; Second Vice-President, Dr. W. C. M. C.

Harding; Recording Secretary, Dr. M. H. Logan; Corresponding Secretary, Dr. A. S. Cook; Treasurer, Dr. O. P. Warren; Censors, Drs. G. G. Gere, F. Cornwall, and J. L. Berry; Board of Examiners, Drs. O. P. Warren, F. Cornwall, D. McLean, G. G. Gere, J. P. Schmitz, M. H. Logan, J. S. Coleman; Alternates on the Board of Examiners, Drs. Cook, Harding, and Stout.

Drs. Crowley, Gere, and Cornwall were elected delegates to the National Eclectic Medical Association.

The President appointed the following committees to prepare papers for the next Annual Convention:—

Practice of Medicine and Materia Medica—Drs. H. T. Webster, S. L. Clark, C. C. Mason.

Anatomy, Surgery, and Physiology—Drs. G. G. Gere, J. L. Berry, J. S. Coleman.

Obstetrics, and Diseases of Women—Drs. D. McLean, M. F. Clayton, E. J. Martin.

Chemistry, and Medical Jurisprudence—Drs. M. H. Logan, A. S. Clark, G. W. Stout.

Diseases of Children—Drs. O. P. Warren, J. P. Webb, J. P. Bakisto.

Diseases of Brain and Nervous System—Drs. M. Herzstein, S. L. Clark, D. McLean.

Diseases of Eye, Ear, and Throat—Drs. F. Cornwall, J. A. McKee, M. H. Logan.

The following committees were also appointed to investigate the following remedies:—

Thymol—Drs. M. H. Logan, D. D. Crowley, J. L. Berry.

Eucalyptus—Drs. G. G. Gere, J. S. Coleman, G. W. Stout.

Calcareo. Carb.—Drs. D. McLean, A. S. Cook, H. T. Webster.

Nitrite of Amyl—Drs. W. C. M. C. Harding, M. F. Clayton, J. P. Schmitz.

Avena Sativa—Drs. J. P. Schmitz, J. P. Webb, A. S. Cook, H. T. Webster.

Dr. McLean proposed a Pacific Coast Association, moving that a committee of three be appointed to take steps toward forming a Pacific Coast Liberal Medical College. Carried. Committee—Drs. McLean, Cornwall, and Logan.

On motion a committee of seven members to confer with the faculty of the California Medical College, and be present at the final examination of the students, the Chair to appoint the said committee at leisure. Dr. Berry moved that a committee be appointed to devise ways and means to

induce the members of the society to take interest in the California Medical College. Carried. Drs. Berry, Schmitz, and Harding were appointed.

The society decided to offer a prize of \$25.00 for the best essay, to be read at next annual meeting, and the subject to be "*Grindelia Robusta*." To judge of these productions were appointed Drs. McLean, Webster, and Berry. C.

BOOK NOTICES.

THE AMERICAN ECLECTIC MATERIA MEDICA AND THERAPEUTICS. By John M. Scudder, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, etc. Published by the author.

This work presents a creditable appearance, being well printed and substantially bound in leather, but it is evident that Doctor Scudder took little heed of the Scriptural injunction concerning the putting of new wine into old bottles, for the old and the new are not always blended with the greatest consistency. It is possible that the old stereotype plates may still remain in his possession, and that visions of profit, as well as glory, occupied a little niche in his mind, in the preparation of the work. From the specific medication standpoint it is not quite the thing. From the old standpoint many incongruities will appear to the reader, and yet he will not fail to derive a great amount of valuable information from its perusal. The plan of classification does not meet our approval. Possibly it is as good as may be made, unless therapeutic agents be grouped in respect to their tissue affinities, but we maintain that any classification tends to lead the student away from the careful study of individual agents that an absence of such arrangement might invite. He is liable to take too much for granted, and regard one as a type of all others of that class. In the list of anti-emetics, we find some important omissions. *Rhus tox* may well be reckoned among the very best of this class, where irritation of the gastro-intestinal tract exists, but the doctor ignores it completely. That well-known and long-tried agent, subnitrate of bismuth, is also slighted.

The old agent, *oleum ricini*, is recommended indiscriminately as a cathartic in the puerperal state, an omission quite inexcusable considering the galactagogue properties of the drug and its tendency to encourage mastitis, where that condition is already threatened from overdistended milk-ducts.

In the treatment of jaborandi no notice is made of its well-known action in promoting the growth of the hair, though this virtue is ascribed by the author to uvedalia. The use of jaborandi in ptyalism and apthæ is also omitted, though in these affections we have no other agent so positive in its action.

A fluid preparation of the root is the form of collinsonia recommended, and no mention is made of the superior virtue of a preparation of the upper leaves and blossoms in hemorrhoids. The reader who investigates this subject will find great advantage in the use of the latter preparation. The article upon electricity had better have been omitted, for while a few general facts are stated, the writer has failed to impart any amount of definite practical instruction. It is such teaching as this that has tended in time past to lead to the discredit of one of the very best of curative agents.

We have not given this work as careful a perusal as its importance demands, but find it to contain much to commend. It is, without doubt, the best work upon materia medica known to the eclectic school at the present time, and though it by no means represents perfection, it may be regarded as the labor of one of the pioneers, in an era which gave to eclecticism ability for a better standing in the profession, and indeed which has impressed the therapeutics of the entire medical profession the world over. It still remains for a better one to be written.

MANUAL OF MEDICAL TECHNOLOGY, INCLUDING PRESCRIPTION WRITING. By Edward Curtis, A. M., M. D., Professor of Materia Medica and Therapeutics, College of Physicians, New York. Published by Wm. Wood & Co.

This little work takes up the subject of medical technology, especially that of prescription writing, and deals with it in a masterly manner.

The medical student of to-day cannot know too much upon this subject, for though there may be a deal of superfluity about it, he should never suffer the humility of knowing less than his neighbors, when means of knowledge are placed within his reach.

Besides full instructions for employing the proper terminations, etc., in Latin prescription writing, the work contains information upon the plans of prescribing and administering remedies through the various channels of the body, in clear, concise manner. The work may be obtained of Bancroft

& Co., San Francisco. We are not informed as to the price, but it must be trifling compared with its real value.

THE MEDICAL RECORD VISITING LIST, OR PHYSICIAN'S DIARY FOR 1884. Published by William Wood & Co., New York.

This is an elegantly executed visiting list, in gilt edges and Turkey morocco binding, and contains as a prefix to properly arranged blanks for recording visits and memoranda, a comparison of the metric system of weights and measures, with the English methods, a comparison of the centigrade and Fahrenheit thermometric scales, a table of signs for registering professional services, calendars for 1883, '84, and '85, a table for estimating the probable duration of pregnancy, doses of drugs used by subcutaneous injection, doses of common and rare drugs, urinary analysis, poisons and their antidotes, hints for emergencies, and other valuable material.

SELECTIONS.

PROSTATIC CALCULUS.

It is not uncommon for minute calculi to form in the mouths of the ducts of the prostate, or in a sack or pouch that may be developed in the gland through an aggregation of calculous bodies at some point. Probably the sinus peculiaris is oftenest the receptacle of a minute urinary calculus, that develops at length into a stone of considerable size.

In March I was introduced to James Ross, a baker by trade, who had suffered many years with a urinary difficulty, and had found considerable relief by drinking freely of the water from Eureka Springs, in Arkansas. After a few minutes conversation, I became impressed with the idea that a calculus existed somewhere along the urinary conduits, and asked the privilege of "sounding" the bladder. The patient demurred at first on the ground that such explorations made his symptoms worse, to say nothing of the hemorrhage provoked, and the pain temporarily inflicted. However, I persuaded him that the soundings should be gentle, and that no blood would probably be seen. As soon as an instrument reached the prostate, the grating of a stone was encountered, hence the implement was not carried into the bladder. The

patient, with sound manipulated by himself, felt the calculus and localized it. He said it was near the bladder, but not in it. I measured the stone carefully enough to determine it was one of considerable size.

About a year previously a surgeon in St. Louis had explored the bladder on two occasions to see if a vesical calculus did not exist, but he failed to find what he sought. How he could pass a sound through the urethra and not hit the rock is a mystery, for it was then as large as at present, or nearly so. The patient then took medicine under the assurance that his disease was ordinary cystitis. However, he got no relief from pelvic pain and a teasing inclination to void urine frequently, except the partial exemption obtained at Eureka Springs.

On the 18th of March I gave the patient an anæsthetic, and endeavored to seize the calculus with urethral forceps, but the body was so hard and large that it could not be moved. A lithotrite could not be made to do its accustomed work in so restricted a space, and Bigelow's Evacuator could not be employed with success. Having tried several ineffectual methods, I resorted to excision. A lithotomy staff was cut upon at a point a little to the left of the center of the perineum, and the stone easily reached. It was found in the floor of the prostatic urethra, and removed by the aid of forceps. The bleeding was not considerable. The vesical sphincter was not cut, hence the urine was under the control of the will from the first, though a large part of it escaped through the incision—the external wound—for several days. As the passage healed, the urethra resumed its accustomed functions; and at the end of fifteen days the patient had entirely recovered.

The calculus was an inch and a quarter in length, and a little over a half inch in diameter. A pointed end presented to the neck of the bladder, and must have turned the urinary flow into a funnel-shaped stream. The lower end was conical, and the body was smooth and cylindrical. In some respects the calculus resembled an elongated acorn with the cup attached.

This was one of the largest calculi of the prostate ever removed. I had taken one as large as a white bean from the fossa navicularis, and a still larger one from a pocket in the floor of the urethra just in front of the scrotum. The one in the fossa was dislodged by enlarging the meatus

upward and into the gland; the other, in the urethral pouch, was removed through an incision made to evacuate the pocket. The incision was made under the impression that the tumor was a cyst.—*A. J. Howe, in Eclectic Medical Journal.*

CASE OF ANEURISM OF THE ARCH OF THE AORTA;

Intense Dyspnœa; Absence of Recurrent Laryngeal Paralysis; Peculiar Difficulties in Diagnosis; Death; Autopsy.

BY FRANK DUDLEY BEANE, A. M., M. D., OF NEW YORK CITY.

THE following case would seem to be of special interest in a diagnostic and pathological point of view. It came under my observation during October, 1882.

H. M. P., mulatto, æt forty-two years, Connecticut, married. Had the usual diseases of childhood, with no sequelæ. At the age of eighteen years he commenced to earn his livelihood, and, at the same time, to imbibe of all kinds of alcoholic liquors to excess. This habit was continued till his twenty-seventh year, when, on marrying, he decreased his alcoholic libations to about one-third of the former quantity. Since then the amount taken daily has fluctuated between three and eight "drinks" daily. Has been addicted to excessive smoking since the age of sixteen.

In his twenty-fourth year he contracted what his shipmates told him was the "initial lesion" (no physician's opinion to be obtained, being upon the ocean on a long voyage at the time), which he cauterized with stick nitrate, and promptly healed. It, however, reopened two months later, remained unhealed for five or six months, when an eruption appeared upon the whole body, particularly localized about the joints. Character of eruption: Round blotches, red base, surmounted by white scales, on lifting which a dark red, elevated spot, of the size of a small lentil, appeared; discrete over the surface of the body, confluent at the joints. Intense itching.

On the appearance of this eruption he placed himself under the care of a regular physician of this city, who treated him for "secondary," although the patient had at no time (then or since) adenopathy, buccal, pharyngeal, scalp, or any of the symptoms of syphilis, unless the eruption be so considered.

At the end of six months' treatment the eruption had disappeared, leaving pigmented spots, which did not disappear

for four or five years. Patient continued taking this physician's medicine over a period of two years.

Family history good, excepting that of his brother, who was believed to have died from cancer of the groin, which penetrated to the deeper structures, causing death from hemorrhage; his mother died from uterine cancer.

Present Disease: Patient enjoyed health till about two years ago, when, as steward of a steamship plying between this port and Aspinwall, he was exposed to great wet and dampness during day and night, and his duties were laborious. Severe nasal catarrh first appeared, followed by bronchial catarrh, without dyspnoea. Cough, expectoration and pectoral distress fluctuated till the spring of 1881, when these symptoms began to improve, and during that summer he was nearly, although not wholly free from them. There had been no loss of flesh, and only an occasional night-sweat.

In the following fall and winter the above symptoms became worse, a little ameliorated in the spring and summer again, but not as much so as the same season of the previous year.

In June, 1882, a peculiar dyspnoea was added to the other symptoms, being confined to inspiration. Constant in character, it was marked by paroxysms of severity in the morning and evening. It became especially aggravated during the first week in November. Since the appearance of this symptom, the patient could not assume the recumbent position, so perfectly terrible the dyspnoea became on attempting to do so. He slept in his chair, his head resting upon his arm, placed upon the table in front of him. From three to five hours' sleep during the twenty-four was all he could obtain.

Curiously enough, up to the time he came under my observation, his general health had become but very little deteriorated, his strength, appetite, etc., being good. Indeed, he did not abandon work, as a waiter, till five weeks previous (*i. e.*, about September 1, 1882).

Physical Examination: (Laryngoscopic) Intense congestion of the mucous membrane of the epiglottis and larynx. No laryngeal ulcer, tumor, or stricture. (Auscultation and percussion) Examination of the lungs was negative, except the sign of incomplete expansion of the right lung, and dry, harsh respiratory murmur throughout both lungs.

Cardiac apex beat strong, and about two and a half inches below and a little to the outside of a line drawn vertically

through the nipple. Heart sounds normal, barring a certain amount of faintness. Dullness extended from the second intercostal space to about two inches below and a little outside of the nipple on the outer line; from the same level and right edge of the sternum to the same apex on the inner line; the upper line commenced at the right edge of the sternum, and was traced to nearly a point cut by a vertical line upward from the nipple. Over the sternum, on a level with the lower edge of the first rib downward for two inches, was a circumscribed area of absolute flatness.

Having made repeated stethoscopic examinations, I was able but once to detect a rough, rasping bruit over the normal location of the aortic arch.

No signs of diaphragmatic trouble, or of disease of the liver, spleen, or kidneys, could be found till a short time before his death, when albuminuria (mild) set in.

Although I was perfectly satisfied with my opinion that the patient had never suffered from syphilis, and leaned greatly toward the diagnosis of aortic aneurism (more particularly after I had detected the above-mentioned bruit), I determined to give him (after a short trial of small doses of potassium iodide, strychnia, and quebracho) large doses of potassium iodide and minute doses of mercury, on the ground of giving him the benefit of the (serious) doubt regarding syphilis. I reasoned that, whether syphilis or aneurism, the iodide should benefit him.

Accordingly on November 13, 1882, he began upon hydrarg. biniodid., gr. j; potassii iodid., \mathfrak{z} vj; ammon. chlorid., \mathfrak{z} iij; tr. onii camph., f \mathfrak{z} ss; aqua font., f \mathfrak{z} iij; syr. simp., ad f \mathfrak{z} vj. M. Sig: Dessert spoonful, diluted, after each meal. On December 5th, I increased the potassium iodide to \mathfrak{z} jss in the above prescription, these doses being continued daily for a couple of weeks more. At times during this treatment (which included almost constant and complete rest) the dyspnœa was somewhat improved, but not markedly so. After about six weeks' trial it was abandoned. Strychnia, in doses of gr. one twelfth four times a day, gave no relief. Quebracho, even in large doses, was inert in this case. Infusion of digitalis, given to tolerance, gave little or no result.

Having candidly stated to the patient my inability to differentiate positively between aortic aneurism, cancerous mediastinal growth, and tracheal stricture, although I favored the diagnosis of aneurism, and informed him of the

very serious nature of his condition, I advised him to see Drs. Geo. M. Lefferts and Clinton Wagner, to each of whom I sent a brief account of the patient's case, with my views thereon. Those gentlemen very carefully examined the patient (Dr. Wagner several times). Dr. Lefferts wrote me that his "diagnosis . . . is mediastinal tumor (aneurism of the arch) compressing trachea (I cannot see point of stenosis with the laryngoscope)." Dr. Wagner wrote: "I think the dyspnoea is caused by pressure from an intra-thoracic tumor, probably mediastinal. I do not think there is an aneurism of the aorta. An aneurism of the size sufficient to produce dyspnoea such as he has would surely press upon the recurrents. He then would have paralysis of one or both vocal cords. His larynx and trachea are normal. I could detect no bruit." In a later communication he said: "I am sure we shall find a mediastinal tumor of some kind."

Let me here state that I had fully weighed the absence of signs of pressure upon the recurrents, and had favored the diagnosis of aortic aneurism, despite the lack of this very important sign, for three reasons: First, absence of syphilitic (according to my view) and traumatic history led me to eliminate tracheal stricture; second, absence of great loss of flesh and strength, of peculiar color of skin and countenance, and of adenopathy, militated seriously against cancer of mediastinum; third, I had undoubtedly heard a bruit over the arch.

The patient struggled heroically with his disease, which rapidly increased about the first of February of the present year, till death closed the scene and released him from terrible suffering (despite all justifiable means of palliation) on February 19th.

Post mortem held on the 20th by Drs. G. Fairfax Whiting and — Simpson, in my presence, disclosed a complete displacement of the heart downward and to the left, the normal space occupied by that organ being replaced by an apparently solid tumor, which, at the point corresponding to absolute dullness, was very firmly adherent to the sternum. It was also pretty firmly adherent to the surrounding tissues. There were evidences of old pleuritic adhesions. There was a peculiar circumscribed infiltration of the apex of the left lung of the size of a large English walnut. Dr. Whiting removed the heart and intimately attached tumor and the lungs for careful examination at home, and his sub-

sequent report was as follows: "After taking the specimen home and dissecting the supposed tumor from its attachments to the heart and lungs, it was found to be an aneurism of the aorta. The entire cavity of the aneurism was filled up with laminated fibrine, leaving only the natural calibre of the artery open for the passage of the blood current, which condition accounts for there being no bruit present. There was considerable concentric hypertrophy of the walls of the left ventricle."

The autopsy was confined to the chest, the family being unwilling to allow a more complete one.

Believing this to have been an unique case of aortic aneurism of large size, and especially interesting structure, without the least sign of pressure upon the recurrent laryngeal nerves, I herewith submit it to the readers of the *JOURNAL* without further comment.—*Buffalo Medical and Surgical Journal*.

WIRING OF FRACTURED PATELLÆ.

IN a late *London Lancet* Mr. Lester reports seven cases of fracture of the patella treated by cutting down to the fractured part and introducing strong wire sutures through holes pierced obliquely with a brad-awl so as to emerge at the edges above the cartilage, the operation being conducted under strict antiseptic rules.

Mr. Lister, in the face of the fact that this operation has afforded rather poor results under antiseptic treatment in other eminent and able hands, insists that adherence to the rules of that practice reduces its dangers to an insignificant minimum. He says: "I believe that if we use the means that we now have at our disposal we may say with a safe conscience, if we use them aright, that we do not subject the patient to anything like so great a risk as people used to be subjected to not many years ago when they had fatty tumors removed in general hospitals."

The *Medical News* thus descants upon the claims put forth by this prophet of antiseptic surgery:—

"So far as the personal experience of Mr. Lister warrants him in speaking, his successes justify the emphatic language that he employs; but, as we shall show presently, a more extended record of antiseptic suturing of the patella does not confirm his positive assertions. Dogmatism is all very

well in its way, but surgeons who occupy the high rank that Mr. Lister does should be very careful in their efforts to inculcate doctrines which are based upon a too limited test. Had he studied the reports of cases in the hands of other surgeons, we feel convinced that he would have been more guarded in his expressions, and would never have penned the words, 'Antiseptic treatment converts serious evil into complete safety.' It will not do to put forward the excuse for the failures that antiseptic measures were not properly employed, as the operators mentioned in the succeeding paragraphs, in connection with the bad results, are too well known to be accused of negligence.

"Antiseptic suturing of the patella has now been done forty-nine times; the surgeons having been, Lister in seven cases, Koenig in four cases, Trendelenburg in three cases, Cameron, Jessop, Rose, Rosenbach, Wheelhouse, and Schede, each in two cases, and Amphlett, Bell, Bull, Dicken, Fowler, Goering, Hartwich, Homes, Langenbeck, Langenbuch, Lauenstein, Metzler, Poncet, Sabine, Schneider, Henry Smith, Socin, Teale, Timme, Uhde, Van der Meulen, Wahl, and Wyeth, each in one case.

"In the single cases of Bull, Dicken, Von Langenbeck, and Wyeth, in Schede's two cases, and in two of Koenig's, the joint suppurated. Of these eight examples, that of Bull died of exhaustion on the fourteenth day; that of Von Langenbeck died of *pyæmia*, after amputation of the thigh, on the sixteenth day; and the case of Wyeth recovered after amputation of the thigh; while the remainder got well with stiff joints, the upper fragment having died in Koenig's fourth case.

"In addition to these accidents, there was partial necrosis of the lower fragment in the case of Wahl, and the patient of Fowler perished of carbolic acid poisoning in thirty-one hours.

"The results of the operation show, therefore, 16.3 per cent. of suppuration of the knee joint; 6.12 per cent. of deaths; 4 per cent. of necrosis of the fragments; and 4 per cent. of amputation of the thigh; results which completely negative the dogmatic assertion of Mr. Lister that 'Antiseptic treatment converts serious evil into complete safety.' In favor of the operation it must, however, be said that the large majority recovered with bony union and with excellent use of the joint.

"From the remarks of Mr. Lister, one would naturally infer that Dr. Cameron, of Glasgow, took the initiative in suturing the broken patella, in 1877. It was, however, first done by Dr. John Rhea Barton, of this city, more than fifty years ago, and repeated by McClellan in 1838, by Cooper, of San Francisco, in 1861, and by Logan, of Sacramento, in 1864. A fourth operation, before the introduction of antiseptic surgery, was performed by Gunn, of Chicago. Of the four, those of Barton and Gunn perished."

RHAMNUS PURSHIANA.

THE re-appearance of reports on this drug, which a few years ago excited such a considerable degree of professional attention, has characterized the periodical literature of the latter months of 1883. The cause of this renewed attention to this drug on the part of medical writers is more directly traceable to the interest which it has excited during the past year in Great Britain. The *British Medical Journal* has contained a number of very flattering reports on its efficacy, and the other journals have contained similar reports. The drug seems to have obtained a very strong foothold among our conservative brethren of the British Isles, and, judging from the reports which have been given of its action in their hands, it is fulfilling the requirements of a tonic-laxative in that country.

The *Therapeutic Gazette* for December contains a symposium on cascara sagrada, from which we select some facts which do not seem to have been very generally familiar. Dr. C. W. Tangeman, of the Medical College of Ohio, has subjected it to a series of physiological experiments, the results of which he contributes as follows:—

1st. Cascara sagrada, when given in small doses (fifteen to twenty drops), acts like a vegetable bitter on the stomach; it increases the flow of gastric juice, stimulates the peptic glands to increased action, thereby bringing about healthy gastric digestion.

2d. It acts on the sympathetic nervous system, sending an increased blood supply to the intestines.

3d. It increases to a limited extent peristaltic action of the small bowels, but increases it very much in the colon, and especially in the rectum.

4th. It has a specific action on the rectum in the way of

peristalsis, to cause this portion of the bowel to unload itself.

5th. It does not affect the passage of the food in the small intestines any more than a bitter tonic would.

6th. It is not a safe remedy in pregnancy or uterine disorders, especially when given in cathartic doses.

7th. It does not affect the larger glandular organs, liver, pancreas, or spleen, even when given in cathartic doses.

8th. Hypodermically the remedy will never produce the permanent good results in chronic constipation that are obtained when it is given by the mouth.

9th. When employed subcutaneously it acts simply as an evacuant to the rectum.

10th. The same quantity given hypodermically that produces marked effects when administered by the mouth, will not have the same effect clinically or physiologically.

Dr. T. L. Wright, of Bellefontaine, O., discusses the peculiar applicability of cascara cordial, of which *rhamnus purshiana* is the base, in the treatment of the constipation of elderly persons. In this class of cases many of the symptoms which are usually associated by physical decay are directly traceable to constipation; and Dr. Wright has found that cascara cordial, through its tonic-laxative properties, removes this condition greatly to the improvement of the person's spirits.

Dr. F. C. Herr, physician to the Southwestern Hospital of Philadelphia, after extolling the value of cascara cordial in dyspeptic disorders, speaks very highly of the preparation as a vehicle for the administration of the more unpalatable drugs. He regards the encroachments of homœopathy upon regular medicine as largely due to the persistent refusal of the old school of practitioners, so-called, to accede to the demands of a sick public for palatable medicines. He has found in cascara cordial a vehicle which at once succeeds in disguising the taste of many disagreeable drugs, and at the same time meets the indication so commonly present for an easy and agreeable laxative. In discussing its applicability in the treatment of young children he has found in this cordial a preparation which is calculated to supplement, to a very large degree, the "carminative bottle," which has been in so much demand among young children. These baby-mixtures are too often unsafe and should be given with a spare hand, and if cascara cordial shall be

found, on future trial, to verify Dr. Herr's claim for it, it will indeed prove to be a very valuable addition to the physician's armamentarium.

ETIOLOGY AND TREATMENT OF BALDNESS.

THE following is the most rational explanation and treatment of premature baldness which has come under our notice. We take it from the *Boston Medical and Surgical Journal*. The *Edinburgh Medical Journal* reproduces from the *Berliner klinische Wochenschrift* (No. 16, 1883), the following note: O. Lassar has continued his observations on the nature of premature baldness, and has further convinced himself of the communicability of at least the form associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or white mice, baldness rapidly makes itself visible on the parts so treated. That this is not due to the vaseline was shown by anointing other animals with the vaseline alone, which produced no effect whatever. He considers that the disease is spread by hairdressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles after each time they are used. During frequent visits to the hairdressers' it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hairdresser more frequently attends to them at their own homes, and there uses their combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen minutes firmly. The head is then to be drenched with, first warm water, and then gradually colder water. A two per cent. corrosive sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one-half per cent. solution of naphthol in spirit rubbed into them. Finally, a pomade

of one and a half to two per cent. of carbolic or salicylic oil is to be used to the head. This treatment has now in many cases brought the disease not only to a stand, but the hair has been to a considerable extent restored.—*Weekly Medical Review*.

A NEW SYMPTOM OF FATTY INFILTRATION OF THE LIVER.

LEPINE and Eymonnet have recently communicated to the Society of Medical Sciences, of Lyons, a new symptom of fatty degeneration of the liver. If urine be freed from its phosphates by a magnesian mixture or baryta, evaporated, and the residue ignited with nitrate of potassium and treated with acidulated water, the solution will contain traces of phosphoric acid. This is derived from the glycerin-phosphoric acid contained in normal urine, and is a constituent of lecithin. In several cases of fatty liver, these observers found this secondary phosphoric acid increased five to tenfold, which is in accord with the fact that a considerable quantity of lecithin, as much as three per cent., is found in fatty liver.

INGROWING NAILS—CARBOLIC ACID.

THERE is one other trouble for which pure carbolic acid does better than anything I know of, namely, ingrowing nails. The melted acid runs in between the nail and the irritated flesh, and allays the irritation. In every case where I have used it the pain ceased at once, and the recovery was immediate.—*Boston Jour. Chem.*

DIET IN BRONCHITIS AND ASTHMA.

A FULL meal with its resulting pressure upon the diaphragm is frequently followed by sudden death in patients suffering with bronchitis and asthma. Such persons should always leave the table hungry, and in selecting food should give the preference to concentrated nourishment, avoiding soups or other liquids, and all substances the ingestion of which causes flatulence.—*Phrenological Journal*.

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